PTO/SB/01 (10-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995. no persons are required to respond to a collection of information unless it contains a valid OMB control number

	Attorney Docket Number First Named Inventor		180009.91206A		
DECLARATION FOR UTILITY OR DESIGN			Stieber		
PATENT APPLICATION	COMPLETE IF KNOWN				
(37 CFR 1.63)	Application Number				
Declaration Submitted With Initial Filing Declaration Submitted after Initial Filing (37 CFR 1.16 (e)) required)	Filing Date	Dece	cember 4, 2001		
	Group Art Unit				
	Examiner Name				
A = 1.4					

My residence, mailing address, and citizenship are as stated below next to my name.								
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
_								
onal								
olicable).								
nuation- nal or								
ventor's ry other ation for at of the								
ched?								
]]]								

[Page 1 of 3]

Burden Hour Statement This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (10-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Differ all correspondence in	Customer Nu or Bar Code		26710		OR 🗌	Correspondence address below
Name						
Address						
Address				т——		
City				State		ZIP
Country		Telephon	ne			Fax
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INVENTOR:			ed for this unsigned inventor			
Given Name [first and middle [if any])	Jon R.			Family N		
Inventor's Signature						Date
Residence: City Oconomowoc		-	State WI		USA Country	Citizenship USA
Mailing Address 969 Bartlett Drive	,					
Mailing Address						
City Oconomowoc	State WI			ZIP 53	3066	Country
NAME OF SECOND INVENTOR				A petiti	on has been fil	ed for this unsigned inventor
			Family Name Adams or Surname			
Inventor's Signature					Date	
Residence: City Oconomowoc			State WI		Country	Citizenship USA
Mailing Address 2080 N. Oakwoods Court						
Mailing Address						
City Oconomowoc	State WI			ZIP 530	966	USA
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.						

Please type a plus sign (+) inside this box	\rightarrow	+	
---	---------------	---	--

Please type a plus sign (+) inside this box

+ PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3

Name of Additional Joint Inventor, if any:			A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])			Family N	lame or	Sumame		
Robert L.			Zwieg				
Inventor's Signature							
Residence: City Watertown	State WI		USA Country	USA Citizenship			
Mailing Address 523 Carl Schurz Drive							
Mailing Address							
city Watertown	State WI		ZIP 53098	Count	ry USA		
Name of Additional Joint Inventor, if any:							
Given Name (first and middle [if any]) Family Name			ame or S	e or Sumame			
William R.	William R. Kirkman						
Inventor's Signature					Date		
Residence: City Mukwonago	State WI	Country USA			Citizenship USA		
Mailing Address S74 W32735 Woodsedge Driive							
Mailing Address							
City Mukwonago	State WI		ZIP 53149	Cou	ntry USA		
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature					Date		
Residence: City	State Cour		Country		Citizenship		
Mailing Address							
Mailing Address							
City	State		ZIP	Co	untry		

Burden Hour Statement: This form is estimated to take 21 minutes to complete Time will vary depending upon the needs of the individual case Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO. Assistant Commissioner for Patents, Washington, DC 20231.